Form PFR-02 NEW Revised 3/03

PROFESSIONAL FUND RAISER **ANNUAL FINANCIAL REPORT**

LISA MADIGAN ATTORNEY GENERAL

NOTARY PUBLIC _____

Filing Fee \$25 THIS MUST BE FILED BY					
FILE AT: Office of the Attorney General, Charitable Trust and Sol GENERAL INSTRUCTIONS (FURTHER INSTRUCTIONS AT Filing Fee \$25. Make checks payable to the Illinois Cha	icitations Bureau, FEND OF FORM rity Bureau Fu	100 West Randolph M) Ind.		Chicago, Illinois 606 OR PRINT IN BLA	
A. RESPOND TO ALL ITEMS ON THIS FORM. B. CHANGES OF OR ADDITIONS TO THE INFORMATION IN C. ANNUAL REPORT (CHECK ONE): PREPARED ON ACCRUAL BASIS PREPARED ON A IF PREPARED BY ANOTHER METHOD EXPLAIN:	THIS STATEM	ENT MUST BE SU	BY ANOTHER ME	ЕТНОД 🗌	_
LEGAL NAME			REGISTERED FOR FISCAL YEAR		
MAIL ADDRESS			ENDED JUNE 30, AS		. AS
CITY			PFR # 02- FEDERAL ID NUMBER		-
STATE. ZIP CODE					
PHONE NUMBER					
REPORT IS FOR PERIOD BEGINNING JANUARY 1,	AND EN	DING			•
Charity Name	CHARITY	(A) TOTAL AMOUNT	(B) SOLICITATION	(C) AMOUNT TO	(D) % (C/A)
CHARITIES FOR WHOM FUNDS WERE RAISED	CO #	RAISED	EXPENSES	CHARITY	
TOTAL FOR ALL CHARITABLE FUNDRAISING BY PFR:					
TOTAL NUMBER OF CHARITIES BEING REPORTED:					
Note: Verification must be by the Corporate President, a General Partner or the	•				
STATE OF	AFFIDAVIT				
COUNTY OF	<u> </u>				
under	penalty of perjury	and being sworn on	oath state that I am	(circle one) the cor	porate
under president, a general partner or the sole proprietor of the registered pr	ofessional fundra	iser.		,	•
(Name of PFR)					
know the contents thereof to be true, and such is stated herein and find fillinois rely thereupon. I hereby further authorize and agree to sub-					
Subscribed and sworn to					
pefore me this			/Qian	ature)	
day of 19			(Sign	atule)	